

**American Association of Physics Teachers**  
***Fuller Fund Memberships***  
***Nomination Form***

Name of Nominee: \_\_\_\_\_

Address: (as complete as possible) \_\_\_\_\_

\_\_\_\_\_

Name of organization employing nominee, if not contained in address:

\_\_\_\_\_

Is nominee employed primarily as a physics teacher?    Yes\_\_\_\_    No\_\_\_\_

Can nominee read articles written in English?    Yes\_\_\_\_    No\_\_\_\_

What has nominee done to help other physics teachers? \_\_\_\_\_

\_\_\_\_\_

Other comments in support of nominee: \_\_\_\_\_

\_\_\_\_\_

Your name: (nominator) \_\_\_\_\_ Date: \_\_\_\_\_

Your position: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return completed form(s) to :

Fuller Fund Memberships  
American Association of Physics Teachers  
One Physics Ellipse  
College Park, MD 20740-3845